Division of Health Care Facilities

FORM APPRO

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TN1601	A. BUILDING 01 - MAIN BUILDING 01 B. WING	06/07/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED REGIONAL MEDICAL CENTER NURSI	1001 MCARTHUR DRIVE MANCHESTER, TN 37355

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLE DATE
N 832	1200-8-6-.08(2) Building Standards (2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured. This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to comply with the Tennessee Department of Health Building Standards. The findings included: During the facility tour on 6/7/10 the following deficiencies were noted and verified by the Assistant Director of Maintenance. At 9:30 AM, observation of the offices, the corridors, and the dining rooms revealed stain ceiling tiles. Tennesse Department of Health (TDOH). 1200-8-6-.08(2)	N 832	N832 The stained ceiling tiles in the offices, corridors, and the dining rooms were replaced on 6/11/10. All residents have the potential to be affected due to decreased visual acuity in inadequately lit areas. All residents also have the potential to be affected in the event of a fire. The Maintenance Director or his designee will continue to monitor the corrective action to ensure effectiveness of this action by performing random walking rounds throughout the facility five times per week times four weeks to monitor for stained ceiling tiles. If no further issues are identified random walking rounds will occur weekly to ensure compliance. The results of these audits will be reported to the QA Committee quarterly. The QA Committee will make recommendations and develop an action plan if areas of noncompliance are noted. The QA Committee meets quarterly and consists of the Administrator, DON, Assistant Administrator, MDS Coordinator, Medical Director, Social Services, Activity Director and others as indicated.	7/23/